

D.I. # _____

CIVIL ACTION**NUMBER:** _____

06 cv 519 SSF

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 7.75
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 12.00

7003 1680 0002 2585 9547

SEP 29 2006
Postmark Date
RONEY SO STANWILMINGTON DE 19801
USPS

Sent To: WARDEN TOM CARROLL
Street, Apt. No., or PO Box No.: DELAWARE CORRECTIONAL CENTER
City, State, ZIP+4: 1181 PADDOCK RD.
SMYRNA, DE 19977

PS Form 3800, June 2002 See Reverse for Instructions